

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

This office has been registering births for persons born in Nebraska since 1904.

PLEASE TYPE OR PRINT LEGIBLY

Full name at birth _____
(If adopted, list adoptive name)

Month, day and year of birth _____

City or town of birth _____ County of birth _____

Father's full name _____
(If adopted, list adoptive father's name)

Mother's full maiden name _____
(If adopted, list adoptive mother's name)

Is this the record of an adopted person? ☐ Yes ☐ No

For what purpose is this record to be used? _____

If this is not your record, how are you related to the persons listed on the record? _____

Delayed Birth Certificate - Legislation passed in 1941 provides for the filing of delayed birth certificates for persons who were born prior to 1904 **OR** for persons whose births were not recorded at the time of birth.

Is this a delayed birth certificate? ☐ Yes ☐ No

WARNING: Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

SIGNATURE _____

Type or print name _____

Street Address _____

City, State, Zip _____

Telephone Number: _____

Today's Date _____

(Please enclose a **photocopy** of your photo ID [i.e. driver's license] when mailing this request in.)

(Please make checks payable to Vital Records)

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies _____ x \$12.00 each = \$ _____ Total

Mail to:

Vital Records
PO Box 95065
Lincoln, NE 68509-5065
(Please enclose a stamped,
self-addressed business
size envelope.)

Bring to:

Vital Records
1033 O Street, Suite 130
Lincoln, NE 68508-3621

FOR OFFICE USE ONLY

☐ Check ☐ MO ☐ Cash

Amount Received _____

Date Received _____

By Whom Received _____

PROOF OF IDENTIFICATION: